| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11932514** | **07/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE BROOKSHIRE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**85 BULLDOG BLVD.**<br>**MELBOURNE, FL 32901** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Limited Nursing Service (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted on July 2, 2018. The Brookshire, license #7354, did not have deficiencies at the time of the visit.